Under the Paperwort	., KRaduction Act of 1995, no p	entons are required to service	U.S. Patient and Trademark (of in a colorion of briggerian	Mice U.S.	DEPARTMENT	OMB CEST-OCTS
CALL	NT APPLICATION	FEE DETERMINATION	ON RECORD	Angle	May a wall Old	control number.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or County Humber Substitute for Form PTO-875						
	CLAIMS AS FILED -	PARTI -			CODAR	R THAN
	(Cotumn 1)	(Column 2)	SMALL ENTITY	_ OR		ENTITY
FOR BASIC FEE	MUNIGER FILED	MUMBER EXTRA	RATE FEE]	RATE	REE
D7 CFR 1,16(1)) TOTAL CLAMS			1	OR.		,
(37 CFR 1.16(cj)	minus 20 a		x1 .	OR	X S	
PROEPENDENT CLAIMS (37 OFR 1.16(b))	minus 3 e	1.	1,	1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d)			┨ ╎╌═ ╌ ╏	- C	×:	
		J [**	→ OR	+3		
t are onesitable to con	ano 1 is less than zero, enter	TOTAL	J OR	TOTAL		
CLA	IMS AS AMENDED - I	PART II				
7-39-02	(Coten 1)	(Column 2) (Column 3)	CHALL CLASS.	OR	OTHER	
<	CLAIMS	HIGHEST	SMALL ENTITY	1	SMALL	EMILA
5	AFTER PI	MUMBER PRESENT REVIOUSLY EXTRA	RATE ADDI-		RATE	ADD1
Your .	MBROMENT	PAIDFOR	FEE	1	 	TIONAL
Total Or ore 1.16(g) Z Independent UI OF ore 1.5(p)	Minus -		X5	OR	× 5 =	_>
∑			X 5 =	OR	X 8	
FIRST PRESENTATION	ON OF MULTIPLE DEPONDER	ZANI (37 CFR 1.16(d)	+3=	OR	+, .	
16 4 5			TOTAL ADDL FEE	OR	TOTAL	7
_4-1 1-04	204.00.0 1)	(Column 2) (Column 3)			ADDIFEE [
	CLAUMS I	IIGHEST				
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Total *	Minus -	AIDFOR AIDFOR	FEE_			FEE
Total Total (27 CFR 1,10)cg Independent (27 CFR 1,10)cg	Minus of	22 1. 11) 	X 5	OR	<u> </u>	
E PORT MICHOCIA		\mathcal{Y}	25	OR	X.3.	
PRINT HESERIATION OF MALTERE DEPENDENT CLASS (OF ORR LINE)						
1		_	TOTAL ADDLEE	OR	ADDL FEE	
		Otumn 2) (Column 3)	\ . · · \.		/	
21/5/ RE	CLAIMS H	GHEST PRESENT		ſ		
14/06 AM	AFTER PRE	MOUSLY EXTRA	LATE YOUR	ł	RATE	ADDI- TIONAL
Total /	7 Minus -	20 · 	FEE	\	\ 	-ÆE
Independent Car cire Lineag	3 Minus	3 1.	 	96	**	
FRIST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 OFR 1.1864)						
		(37 GRR 1.16 ₁₄)	TOTAL	OR L	<u> </u>	
• If the critiny is column	1 is less than the entry in col	man 9	ADDI FEE		TOTAL ADDI FEE	
" If the "Highest Number	Proviously Paid For IN TK	S SPACE is less than 20, en	ter '20'.			

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, exter "20".

The "Highest Number Previously Paid For" (I stat or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to other or retain a benefit by the public which is to fire (and by the USPTO to process) an application. Confidentially is governed by 35 USC, 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments and trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SERD FEES OR COMPLETED FORMS TO THIS MODRESS. ECHO TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the funn, call 1-800-PTO-9199 and saled option 2.